

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/890618

(APPLICANT'S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
7		/				
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46		/				
47		/				
48		/				
49		/				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*
	IND.	DEP.	IND.	DEP.	
51		/			
52		/			
53		/			
54		/			
55		/			
56		/			
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97					
98					
99					
100					
TOTAL IND.	5	↓		↓	↓
TOTAL DEP.	60	↓		↓	↓
TOTAL CLAIMS	65				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS